



## TRAINING PROGRAM CHECKLIST & SIGN-OFF

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_

INSTRUCTIONS: Each training item may be completed on different dates. Indicate the training method, completion date, and sign-off. Mark N/A if not required for the role.

### SECTION 1 – POLICIES & ADMINISTRATION

| Training Item                             | Required (Y/N) | Method (Online / Hands-on / Classroom) | Date Completed | Trainer / Platform | Employee Initials |
|-------------------------------------------|----------------|----------------------------------------|----------------|--------------------|-------------------|
| Employee Handbook Review & Acknowledgment | Y              | Classroom                              |                |                    |                   |
| Employment Policy                         | Y              | Classroom                              |                |                    |                   |
| Health & Safety Policy                    | Y              | Classroom                              |                |                    |                   |
| Workplace Harassment Policy               | Y              | Classroom                              |                |                    |                   |
| Workplace Violence Policy                 | Y              | Classroom                              |                |                    |                   |
| Drug & Alcohol Policy                     | Y              | Classroom                              |                |                    |                   |
| Unauthorized Persons Policy               | Y              | Classroom                              |                |                    |                   |

|                                          |   |                         |  |  |  |
|------------------------------------------|---|-------------------------|--|--|--|
| Video Surveillance Policy                | Y | Classroom               |  |  |  |
| Fire Drill & Emergency Evacuation Policy | Y | Classroom               |  |  |  |
| Employee Information Sheet               | Y | Admin/<br>documentation |  |  |  |
| Key Fob / Passcode                       | Y | Admin/<br>documentation |  |  |  |
| Police Record Check                      | Y | Admin/<br>documentation |  |  |  |

## SECTION 2 – HEALTH & SAFETY TRAINING

| Training Item                             | Required (Y/N) | Method (Online / Hands-on / Classroom) | Date Completed | Trainer / Platform | Employee Initials |
|-------------------------------------------|----------------|----------------------------------------|----------------|--------------------|-------------------|
| Health & Safety Orientation               | Y              | Classroom / Warehouse                  |                |                    |                   |
| Worker Awareness Training (OHSA / MOL)    | Y              | Online                                 |                | Computer           |                   |
| WHMIS Training                            | Y              | Online                                 |                | Computer           |                   |
| Emergency Procedures (Fire / Evacuation)  | Y              | Hands-on                               |                |                    |                   |
| First Aid Kit & Eye Wash Station Location | Y              | Hands-on                               |                |                    |                   |
| Spill Kit Location                        | Y              | Hands-on                               |                |                    |                   |
| Are You in Danger? Awareness              | Y              | Classroom                              |                | Brochure           |                   |

## SECTION 3 – OPERATIONS & JOB-SPECIFIC TRAINING

| Training Item | Required | Method (Online / Hands-on / | Date | Trainer / Platform | Employee Initials |
|---------------|----------|-----------------------------|------|--------------------|-------------------|
|---------------|----------|-----------------------------|------|--------------------|-------------------|

|                                                  | (Y/N) | Classroom)        | Completed |                    |  |
|--------------------------------------------------|-------|-------------------|-----------|--------------------|--|
| Operations Tour / Process Flow                   | Y     | Hands-on          |           |                    |  |
| ISO Training                                     | Y     | Classroom         |           |                    |  |
| Technical Product Training                       | Y     | Classroom         |           |                    |  |
| Repacking                                        |       | Hands-on          |           |                    |  |
| Label Printing / Software Use                    |       | Hands-on          |           |                    |  |
| Bagging Machine                                  |       | Hands-on          |           |                    |  |
| Order Pulling                                    |       | Hands-on          |           |                    |  |
| Order Checking                                   |       | Hands-on          |           |                    |  |
| FedEx Orders                                     |       | Hands-on          |           |                    |  |
| Truck Orders                                     |       | Hands-on          |           |                    |  |
| Trucking Papers (Label & Freight)                |       | Hands-on          |           |                    |  |
| Loading Dock Operations                          |       | Hands-on          |           |                    |  |
| Stretch Wrapper                                  |       | Hands-on          |           |                    |  |
| Stacker / Charger Station                        |       | Hands-on          |           |                    |  |
| Forklift / Stacker Certification (if applicable) |       | Online / Hands-on |           | Computer / Stacker |  |

### FINAL SIGN-OFF

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor / Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RECORD CONTROL



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## Supervisor Guide – Training & Sign-Off

Purpose:

This guide explains how supervisors must complete and maintain employee training records to meet Ontario Ministry of Labour expectations.

### How to Use the Training Checklist

1. One checklist must be completed per employee.
2. Mark whether each training item is required (Y/N) for the role.
3. Record the training method and date once completed.
4. Ensure the employee initials each completed item.
5. Complete final sign-off only once all required items are done.

### Acceptable Training Methods

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- Classroom: Policy reviews, toolbox talks, meetings.
- Hands-on: Equipment operation, warehouse walkthroughs.
- Online: MOL Worker Awareness, WHMIS modules.

#### **Record Retention**

- Keep completed checklists in the employee file.
- Place sample completed records in the MOL Inspection Binder.
- Retain records for at least the duration of employment.